




Army Pregnancy/Postpartum Physical Training Program



“It’s part of the
job of every
soldier, including
a soldier who has
recently delivered
a baby, to be fit,
and if necessary,
ready to deploy at
a moment’s
notice...”





Purpose

- ▼ Review program background
- ▼ Relate steps of development
- ▼ Explain program key points and components
- ▼ State requirements for PPPT implementation
- ▼ Provide challenges to prepare for



Facts

- ▼ Army has responsibility for safe, adequate training.
- ▼ American College Of Obstetricians and Gynecologists recommends consistent moderate exercise to maintain fitness during pregnancy and improves postpartum.
- ▼ Exercise is beneficial to both Soldier and baby.
 - ◆ Easier delivery and reduced physical discomforts
 - ◆ Fewer c-section, preterm delivery, low birth weight rate



Current Situation

- ▼ Females make up 15% of the Army AD Force.
- ▼ Thousands of Soldiers deliver a baby annually.
- ▼ Most unit PT personnel are not familiar with conducting exercises for pregnant soldiers
- ▼ Lack of program standardization results in reduced readiness, poor morale , and lower retention.
- ▼ Optimal physical fitness performance maximized by standardized program.



Development

- ▼ PPPT Program
 - ◆ Developed at USACHPPM IAW ACOG guidelines and MEDCOM standards and policies
 - ◆ Evaluated with positive outcomes
 - ◆ Ready for implementation
- ▼ Staffing coordination between G-1, G-3/5/7, OTSG, IMCOM, and USACHPPM completed
- ▼ ALARACT 168/2008 delineates proponentcy and local organizational responsibilities

Combat Multipliers

- ▼ Improve Soldier and unit readiness and morale
- ▼ Increase Soldier retention by:
 - ◆ Pass APFT and height/weight standards
 - ◆ Maintain fitness levels for easier labor and delivery
 - ◆ Improve fitness levels for a smoother transition to unit PT
- ▼ Provide education related to pregnancy issues





Policy

▼ **ALARACT_168_2008**

Establishes an Army-wide PPPT program IAW MEDCOM standards with coordination between Senior commander, MTF, IMCOM, and units.

▼ **AR 40-501, para 7-9**

Mandates participation in PPPT Program once receive HCP clearance.

▼ **USACHPPM Technical Guide 255 A- E Series**

Provides detailed guidance on implementation and performance

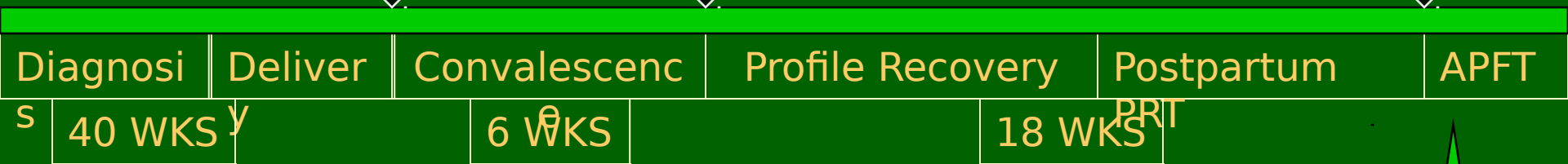
▼ **AR 350-1 and FM 21-20 (FM 3-22.20)**

Consistent guidance has been submitted for inclusion in revisions that are currently in progress.

Pregnancy/Postpartum Physical Training Concept

PREGNANCY
9 +
Months

POSTPARTUM
6 Months



Physical
Training in Unit
Pregnancy PT
Program

Physical
Training in
At-Home
Postpartum
PT Program

Physical Training in Unit
Postpartum PT Program

Regular unit PT activities begin at conclusion
of
6-month recovery period as outlined in AR 350-



Program Responsibility

- ▼ Mandatory program executed by the senior commander
- ▼ Consolidated installation program recommended
- ▼ All program personnel must be trained in pregnancy fitness
- ▼ IMCOM provide adequate facilities
- ▼ Medical Treatment Facility provide medical expertise and education class coordination



Program Operation

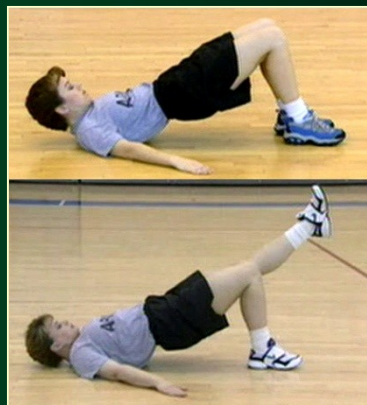
- ▼ Conducted 3-5x per week during unit PT
- ▼ Weekly educational class during PT time on a non-PT day
- ▼ At-Home Postpartum PT program available during the six-week convalescent leave
- ▼ Postpartum participation for up to six months



Daily PPPT Sessions

Exercise

- ◆ Centering
- ▼ Strengthening
- ▼ Flexibility
- ▼ Special exercises for pregnancy
- ▼ Cardiovascular
- ▼ Stress Management
- ▼ Core strength/ calisthenics for postpartum



Education

Curriculum includes a variety of topics taught weekly by SMEs to provide awareness, knowledge, and skills training.



PPPT Fills the 'Gap'

Unit PT or PT on own inadequate. PPPT provides:

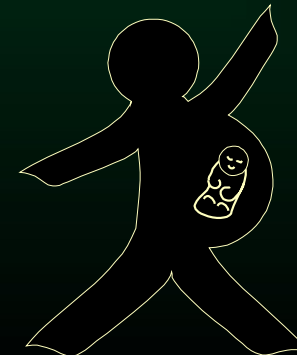
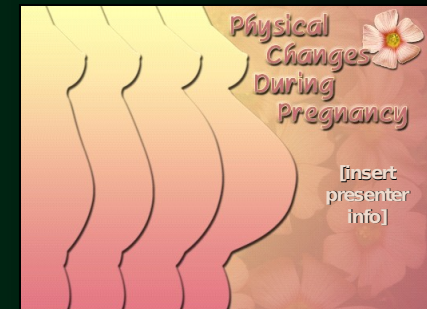
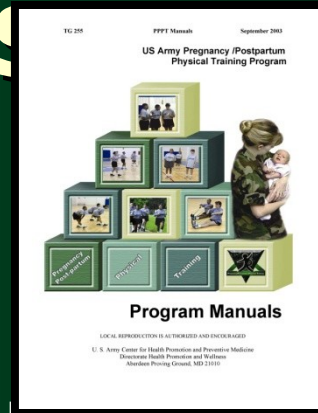
- ▼ **Centering** - balance and coordination to prevent injury
- ▼ **Strengthening** - modified strength and endurance training with safety restrictions
- ▼ **Flexibility** - stretches tight, shortened muscles (chest, back, legs)
- ▼ **Special exercises** - addresses delivery preparation and areas of frequent injury/discomfort
- ▼ **Cardiovascular** - cardio training that can be monitored and performed at different intensity levels dependant on Soldier's level / trimester
- ▼ **Stress Management** - addresses increased stress and prepares for labor/ delivery management
- ▼ **Core strength/ calisthenics** - assists in progressive abdominal and core strength improvement as prepare for return to unit PT

Program Resources

- ▼ Manuals
- ▼ Training DVDS
- ▼ Implementation Guide
- ▼ Educational Presentations
- ▼ USACHPPM Website

<http://usachppm.apgea.army.mil/dhpw/Readiness/PPPT.aspx>

- ▼ Leader Training Course





PPPT Leadership

MEDCOM Specified Proponent

Senior Commander Functional Proponent

PPPT Local Program Personnel

OIC/NCOIC/
Instructor Trainer

Medical Expert/
Education Coordinator

Exercise Leaders

Active Duty pregnant and
postpartum Soldiers

All leaders trained in pregnancy/postpartum fitness



PPPT Program Oversight

- ◆ Align with Army policy
- ◆ Include PPPT as a component of US Army Physical Fitness Training Program
- ◆ Provide sustained implementation oversight of PPPT program
- ◆ Serve as Program subject matter expert
- ◆ Maintain current TG255 series
- ◆ Certify Medical Experts and Instructor Trainers



Installation Personnel

- ▼ Medical Expert and Education Coordinator
 - ◆ Trained in pregnancy fitness
 - ◆ Consultative services for Instructor Trainers (IT) and Exercise Leaders (EL)
 - ◆ Ensure quality assurance
 - ◆ Advisor for the Health Education Classes
 - ◆ Collect medical outcomes of participants



Installation Personnel

▼ Instructor Trainer

- ◆ Trained in pregnancy fitness
- ◆ Operate local PPPT program
- ◆ Train Exercise Leaders to lead pregnant/postpartum soldiers in exercise
- ◆ Liaison with units
- ◆ Collect statistics on APFT and AR 600-9 pass/fail rated



Installation Personnel

▼ Exercise Leaders

- ◆ Lead and monitor PT program sessions for pregnant and postpartum soldiers
- ◆ Monitor soldier attendance





PPPT Program


Evaluation

- ▼ Readiness Impact
 - ◆ APFT measures indicate fitness levels MAINTAINED
 - ◆ No difference in pre and post APFT total scores
- ▼ Retention Impact
 - ◆ 14% participants influenced NOT to Chapter 8
- ▼ Economic Benefit
 - ◆ Estimated readiness and medical cost avoidance of \$18,421,020 per year
 - ◆ Resourcing with existing personnel/ equipment
 - return on investment of 73.5



Implementation Challenges

- ▼ Mandated enrollment and attendance
- ▼ Use standardized content and implementation
- ▼ Fund for sustainment
- ▼ Partner with local organizations
- ▼ Maintain leader training
- ▼ Plan for Soldiers return to units for deployment
- ▼ Keep leaders updated on regulations
- ▼ Dedicate adequate facilities/ equipment
- ▼ Collect follow-up data to evaluate



Contact the US Army PPPT Program specified proponent for further information and program updates.

**USACHPPM Health Promotion and
Wellness**

410-436-4656 DSN 584-4656

